Important: Read instructions befor	e completing forn	n.					
Non-Refundable Processing Fe	e: \$27.00						
1. General Partnership Name:							
2. Principal office address:							
	Address			City	St	ate	Zip
3. The name of the Registered A	Agent (Individua	al or Busin	ess Entity of	r Commercial R	egistered A	Agent):	
The address must be listed if you have a	non-commercial re	egistered agen	ıt. See instructi	ions for further deta	ils.		
Address of the Registered Agent:							
Utah Street Address Required, PO Boxes can be listed after the Street Address							
City:				•	State UT	Zip:	
4a. Authorized Partner: (Partners are optional)	Name:						
	Street Address						
	City				St	ate	Zip
4b. Authorized Partner: (Partners are optional)	Name:						
(attach additional pages if needed	Street Address						
to list more partners)	City				St	ate	Zip
5. Under penalties of perjury and the best of my knowledge and beli				application has be	een examine	d by me	e and is, to
Authorized Signature:		Nan	ne & Title:				
6. Purpose:							
(optional)							

Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.